

The Claims Department,  
DHFL Pramerica Life Insurance Company Limited

Policy number:

Date:

**Details: (To be completed by the Claimant or a relative of the Life Insured)**

1) Name of the Life Insured:

2) Name of the Claimant:

3) Complete Mailing Address of the Claimant:

4) Contact Numbers: (With STD Code where applicable)      Residence:   
Office:   
Mobile:

5) Relationship with the Life Insured: \_\_\_\_\_

6) Date and Time of death: \_\_\_\_\_

7) Place of death: \_\_\_\_\_

8) Cause of death:                                       Medical                       Accident

If medical, please specify the ailment that caused death:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

9) Policy number(s) under which the death claim is made: \_\_\_\_\_  
(If more than one policy held with DHFL Pramerica \_\_\_\_\_  
Life Insurance Company Limited) \_\_\_\_\_

10) Claimant Code:

Signature: \_\_\_\_\_ Place: \_\_\_\_\_ Date:

DHFL Pramerica Life Insurance Company Limited (erstwhile DLF Pramerica Life Insurance Co. Ltd),  
Registered Office and Communication Address: 4th Floor, Building No. 9B, Cyber City, DLF City Phase III,  
Gurgaon - 122002, Haryana. CIN: U66000DL2007PLC165153

Contact Us: Customer Service Helpline: 1800 102 7070 (Toll Free)  
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Fax: 0124 - 4697100/7200

IRDA Registration Number: 140. Insurance is the subject matter of solicitation.